

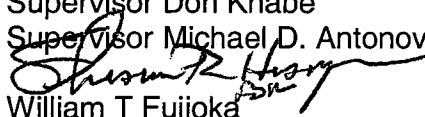


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WILLIAM T FUJIOKA
Chief Executive Officer

August 20, 2008

To: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavy
Supervisor Don Knabe
Supervisor Michael D. Antonovich
From: 
William T Fujioka
Chief Executive Officer

Board of Supervisors
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LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE STATUS REPORT

EXECUTIVE SUMMARY

The Los Angeles Homeless Services Authority (LAHSA) Homeless Count determined that approximately 74,000 homeless people live in Los Angeles County. Research has demonstrated that a variety of socio-economic and psychosocial factors, as well as gaps in available housing and social services, has contributed to the crisis. In response to this crisis, on April 4, 2006, your Board made an unprecedented and compassionate investment toward addressing and preventing homelessness with the approval of the \$100 million Homeless Prevention Initiative (HPI). The attached HPI status report details the budget, achievements, challenges, and lessons learned from the continued implementation of the HPI projects over the past fiscal year.

In accordance with your Board's direction on April 4, 2006, this report provides a status update on the implementation of the 20 programs included in the Los Angeles County HPI. The Chief Executive Office (CEO) continues to implement specific key HPI programs in participation with the Community Development Commission (CDC), the Departments of Children and Family Services (DCFS), Health Services (DHS), Public Health (DPH), Mental Health (DMH), Public Social Services (DPSS), Probation, Public Defender, and the Sheriff. Representatives from these County agencies and departments comprise the County HPI Team (Team). The Team meets monthly to ensure consistent communication and integration of services across County departments and to facilitate successful implementation of HPI programs serving the County's homeless population.

"To Enrich Lives Through Effective And Caring Service"

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During this reporting period, the CEO/Service Integration Branch (SIB) conducted a comprehensive review of HPI program activities and related outcomes. The purpose of this review was to attain a more simplified and standardized data collection process and reporting format. Moreover, a plan to show collective impact of HPI programs identified three common strategies and related outcomes: 1) housing/housing assistance leading participants to housing stability; 2) supportive social services improving participants' self sufficiency and health/well-being; and 3) service integration guiding systems change and cost savings. The HPI Quarterly Report Form will show the initiative's progress in moving participants towards greater housing stability, self-sufficiency and overall well-being. During the fall of 2008, a systems change survey will be conducted to better understand the impact of HPI on the network of housing and services for the homeless and at-risk populations. In addition, CEO/SIB will conduct cost-effectiveness studies to show expected cost savings from this investment.

In June 2008, 20 implemented HPI programs received a link to access the online report form, which requested information on program status from January 1 to June 30, 2008 and for Fiscal Year (FY) 2007-08. By gathering information about program progress, future planning efforts will improve and benefit from the lessons learned. As a result, identification of the most cost-effective and successful strategies could be expanded, as well as replicated, to decrease and prevent homelessness in other regional areas. The HPI Quarterly Report Form requested program data and information about each program's successes and challenges from each funded County Department. In reviewing the narrative section of this report, four common themes emerged in implementing strategies to decrease and prevent homelessness:

Develop and strengthen collaborative partnerships between County departments and community-based agencies to ensure a seamless and integrated service system.

Several HPI programs illustrated the benefit of collaboration among organizations, including Santa Monica Homeless Community Court (Court). During FY 2007-08, the Court assisted 85 program participants with taking steps towards improving their lives, and the Court dismissed citations or warrants for 39 Court clients upon program completion. Through the Court's partnership with Edelman Mental Health Center, the program eliminated barriers for clients to access pharmacies and psychiatric care. By integrating psychiatric services with clients' existing relationships with their case managers and mental health specialists, 40 percent (34) of all program participants received mental health services. Not only did many clients receive mental health services while enrolled in the program, but the Court also transferred several clients to long-term mental health care at Edelman Mental Health Center (MHC) or other DMH facilities.

In serving clients with multiple needs, collaborating with other agencies can increase access to additional specialized services. As of June 30, 2008, the Skid Row Families Demonstration Project had relocated 192 families from Skid Row to permanent housing. Approximately 60 families have either refused mental health treatment and/or referrals for

interventions, and this presents a challenge in facilitating successful relocation of families into permanent housing. Currently, the demonstration project is focusing on a more structured relationship with DMH to provide additional support to case managers working with families once they are placed into permanent housing.

Support processes that promote information sharing between service providers to better meet clients' housing and service needs.

The information sharing process among service providers can contribute to team building and result in more effectively meeting clients' needs. During the first six months of 2008, Project 50 moved 35 of the most vulnerable chronic homeless individuals on Skid Row into permanent housing. Led by the CEO and DPH, a multidisciplinary team of five County departments, Skid Row Housing Trust with assistance from our consultant Common Ground, and LAHSA, designed procedures and protocols to locate Project 50 participants, guide integrated case management, and build client relationships. Members of the Integrated Supportive Services Team (ISST) work together with each client to identify and take necessary steps to complete housing applications and coordinate comprehensive services. The innovative approach has removed barriers in reaching this chronic homeless population. As a result of Project 50, a new client-centered system has been developed to assist the most vulnerable, chronic homeless individuals in attaining permanent housing.

During FY 2007-08, a total of 2,034 participants received permanent housing from County programs. To increase the number and location of affordable rental unit listings, several programs provided area landlords with information about renting to at-risk populations. In the past year, the Los Angeles County Housing Resource Center (LACHRC) reported that over 1.4 million housing searches were conducted on their website. Through use of the website, \$18,000 in cost savings has been estimated due to the accelerated lease-up of vacant Section 8 units from three months to a few days. In addition, 3,277 landlords have registered properties on the website, and LACHRC is expanding its marketing efforts to landlords. Similarly, DMH's Housing Specialists program conducts outreach and education with landlords to increase housing options for the homeless and at-risk population. Furthermore, the Santa Monica Homeless Community Court works to encourage landlord participation by working with partners to expedite the housing application process.

Expand outreach and education of specialized supportive services and housing to more homeless and at-risk individuals and families.

Conducting outreach and enrollment for eligible homeless and at-risk participants poses unique challenges. HPI programs utilize innovative outreach strategies to locate and engage potential clients and partners about the benefits of participation. To identify new participants, the DHS Access to Housing for Health (AHH) program conducts outreach by holding in-service trainings at various shelters, attending weekly meetings at DHS hospitals, and connecting with the JWCH, Inc. Recuperative Care program. As a result of these

efforts, four families and 39 individuals were placed into permanent housing over the past fiscal year. Twelve individuals have reached their one year anniversary in permanent housing since enrolling in AHH. Their inpatient hospitalizations and ER visits have decreased by 95 and 87 percent, respectively.

From January through June 2008, DMH staff from the Co-Occurring Disorders Court (CODC) program attended several Public Defender staff meetings to inform them about program requirements and benefits. These outreach efforts, along with broadening criteria to allow more homeless dually diagnosed adult defendants, have increased referrals and enrollments into this program. During FY 2007-08, 47 individuals received permanent housing placement. While the program only enrolled 17 percent of 289 individuals who were referred due to a lack of quality referrals, CODC is working to maintain full enrollment capacity by directly outreaching to attorneys. To increase the number of referrals from attorneys, program staff will be partnering with the court located Sheriff's deputies to identify individuals who are housed in correctional facility mental health housing. By identifying individuals suffering from mental illness, CODC staff will approach attorneys proactively and discuss the possibility of a treatment program and its potential benefits for their clients.

Leverage funding to maximize available resources and provide greater access to housing and services for homeless and at-risk individuals and families.

With extensive housing and service needs of the homeless population in the County, bringing together resources will maximize the effectiveness of various service delivery strategies. For instance, the Los Angeles County Housing Resource Center (LACHRC) successfully leveraged a total of \$382,000 of HPI and CDC funding with approximately \$240,000 from Kaiser Foundation Hospitals. The additional funding will be used to develop an on-line registration system for recuperative care beds in Skid Row and Bell Shelter. As a result, the registration system will improve access to beds for homeless individuals in need of recuperative care.

The Request for Proposals (RFP) process for the City and Community Capital Program (CCP) has allocated \$32 million for community-based organizations that plan to collaborate and leverage resources for the homeless and at-risk population. A total of 21 programs will be expanding coordination of services with other community-based agencies. The CCP program will enhance systems building within communities and better coordinate services for the homeless population.

During FY 2007-08, the HPI touched the lives of 10,397 individuals and 5,950 families. The housing and supportive services that they received are highlighted below and shown in the following table. Over half of the participants who received permanent housing and housing assistance were families. In addition to services received, HPI reduced the need for more costly County services. As reflected in data from the AHH program, participants one year post enrollment had a 95 percent reduction in hospitalizations and an 87 percent reduction in emergency room visits. Moreover, youth who participated in Probation's moving

assistance program had a recidivism rate of 10 percent compared to Probation's overall rate of 30 percent.

Executive Summary Table of HPI ¹ - FY 2007-08		
Housing/housing assistance provided by participant category:	Number	Percent
Number received permanent housing (includes permanent supportive housing):		
Homeless and At-risk Families	1,343	66%
Transition Age Youth	377	18%
Homeless Individuals	181	9%
Chronic Homeless Individuals	133	7%
Number received emergency/transitional housing:		
Homeless and At-risk Families	436	26%
Transition Age Youth	165	10%
Homeless Individuals	977	58%
Chronic Homeless Individuals	110	6%
Number received moving assistance, rental subsidies, and/or eviction prevention ² :		
Homeless and At-risk Families	4,131	54%
Transition Age Youth	671	9%
Homeless Individuals	2,659	35%
Chronic Homeless Individuals	153	2%
Ranking of most common benefits and services participants received (<i>complete listing on p.10-11</i>):		
Number received income or other benefits for housing or basic life needs:		
General Relief (Food Stamps and GR only)	2,009	75%
Section 8 and Shelter Plus Care	129	6%
Medi-Cal/Medicare	74	2%
SSI/SSDI	48	2%
Number received supportive health and human services:		
Case management	2,257	46%
Life skills	676	14%
Transportation	615	13%
Food vouchers	414	8%
Health care	183	4%
Mental health care	142	3%
Amount of funding released to cities and communities to develop housing and enhanced supportive services.	\$72,909,223	

¹ Numbers include Housing Locators and Housing Specialists programs funded by DPSS and DMH respectively.

² Participants may receive more than one service.

One of over 10,000 individuals touched by HPI reflects the sentiment of many, "I would like to thank you all for having given me another chance to get myself and my life back together."

– Co-Occurring Disorder Court Program participant

Recommendations

During FY 2007-08, the HPI offered hope to many homeless and at-risk individuals and families living in Los Angeles County. As we apply lessons learned to inform future planning efforts, we hope to continue to make a greater impact on the lives of many residents who need the support to achieve and sustain a safe, stable place to live. The lessons learned make it clear that:

- More linkages between various supportive services, as well as housing, is critical to create self sustainability for the homeless;
- Greater availability of affordable and subsidized housing would move more homeless residents into safe housing;
- Information sharing and improved data collection would enable more learning about clients' needs and program progress; and
- Opportunities for joint problem solving among partners would build on existing strategies and overcome service delivery barriers.

The CEO will continue to develop public private partnerships with cities and communities throughout the County to create regional solutions to address and end homelessness. To illustrate, in December 2007, we received approval from your Board to change the name of the HPI Stabilization Centers to Homeless Services/Centers. This action redefines the use of the funding to implement programs and services across the County that may have been part of the former Stabilization Center model and more effectively responds to the unique homeless service needs of communities across the region.

In summary, to ensure the greatest return on the County's investment, the CEO holds monthly Board briefings and homeless coordination meetings that include staff from Board offices, County Departments, LAHSA, CDC, and the City of Los Angeles to provide updates on the HPI budget and programs. The forum is an opportunity to discuss various homeless issues. These monthly meetings are chaired by Deputy Chief Executive Officer, Miguel Santana and his staff. Each of these efforts and your Board's continued investment will ensure that the homeless crisis throughout Los Angeles is successfully addressed.

Attachments A and B follow this executive summary:

- HPI Status Report (Attachment A): The FY 2007-08 HPI status report includes information on program participants, services provided, and associated outcomes.
- Index of Programs (Attachment B): A table presents key performance indicators and budget information on each program. Following the table, each program's performance measures are included along with a description of successes, challenges, action plans, and client success stories.

This HPI report provides information about the progress of your Board's investment to decrease homelessness and inform future planning efforts. If you have any questions, please contact me or your staff may contact Garrison Smith at (213) 974-4673, or via e-mail at gsmith@ceo.lacounty.gov.

WTF:MS:KH
GS:VKD:an

Attachments (2)

- c: Sheriff's Department
Department of Children and Family Services
Department of Community Development Commission
Department of Health Services
Department of Mental Health
Probation Department
Department of Public Defender
Department of Public Health
Department of Public Social Services
City of Santa Monica
Los Angeles Homeless Services Authority
Public Counsel
Skid Row Housing Trust

HOMELESS PREVENTION INITIATIVE (HPI) STATUS REPORT – FY 2007-08

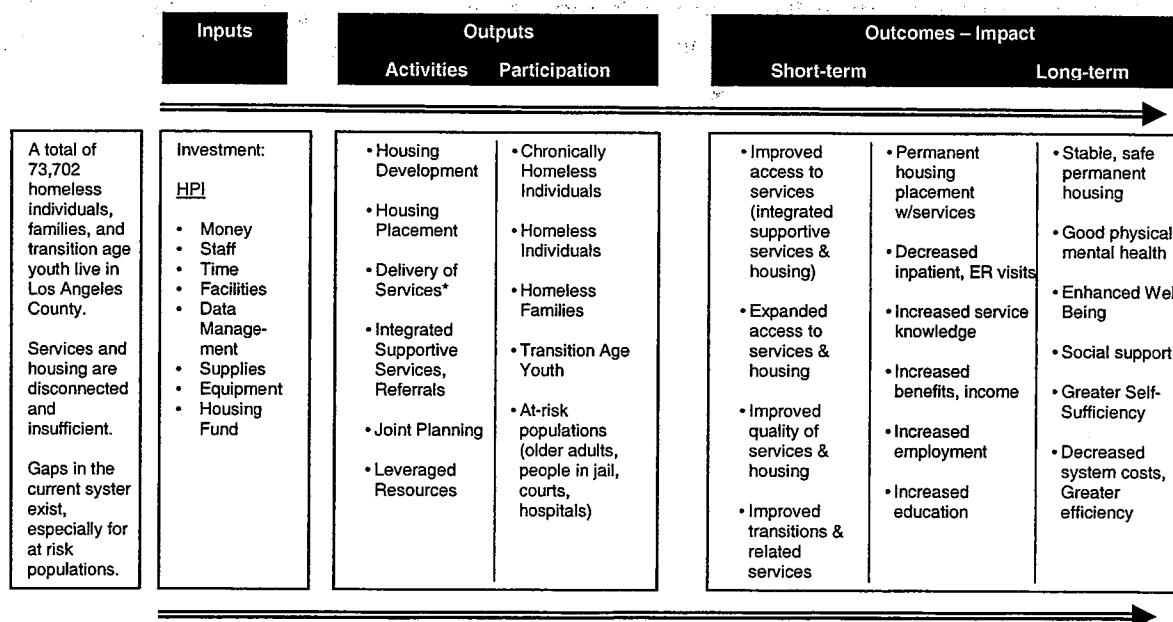
I. INTRODUCTION

In accordance with your Board's direction on April 4, 2006, this report provides a status update on the implementation of the 20 programs included in the Los Angeles County Homeless Prevention Initiative (HPI) during January-June of FY 2007-08. During the previous reporting period, 11 programs had been implemented. The Chief Executive Office (CEO) continues to implement specific key HPI programs in participation with the Community Development Commission (CDC), the Departments of Children and Family Services (DCFS), Health Services (DHS), Public Health (DPH), Mental Health (DMH), Public Social Services (DPSS), Probation, Public Defender, and the Sheriff. Representatives from these County agencies and departments comprise the County HPI Team (Team). The Team meets monthly to ensure consistent communication and integration of services across County departments and to facilitate successful implementation of HPI programs serving the County's homeless population.

The ultimate goal of HPI is to help individuals and families achieve housing stability and greater self-sufficiency. As the HPI Logic Model below shows, the HPI investment is expected to enhance coordination of various housing and supportive services for the homeless and at-risk population. As a result, more individuals and families will have access to integrated services.

Homeless Prevention Initiative (HPI) Logic Model

Goal: As individuals and families achieve housing stability and optimal health, social, and economic outcomes, they will transition into society more empowered and self-sufficient.



*Outreach, case management, benefits, health care, substance abuse treatment, mental health care, mentoring, transportation, child care, etc.

II. PARTICIPANTS

During FY 2007-08, 18 of 20 implemented HPI programs³ directly served the homeless and at-risk homeless population in County. While several programs served more than one homeless population, the majority of participants in each program corresponded to one of five categories: homeless individuals (seven programs), chronic homeless individuals (four programs), transition age youth (two programs), homeless families (three programs), and at-risk families (two programs). A summary table of all HPI programs is on page 15 (Appendix B).

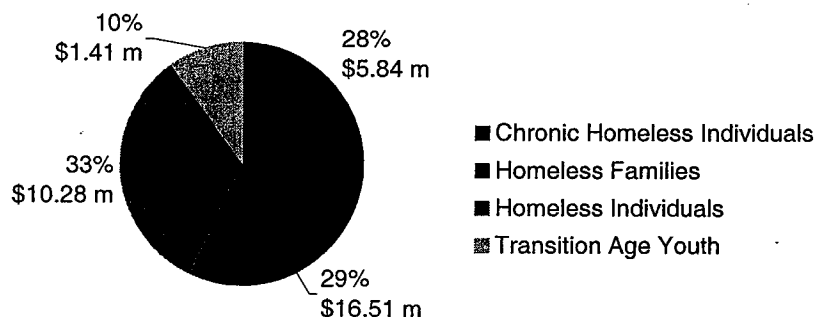
Over the past year, Table 1 shows HPI touched the lives of 10,397 individuals and 5,950 families.⁴ Fifty-five percent were homeless individuals, 37 percent were families, seven percent were transition age youth, and one percent was chronic homeless. Twenty-four percent of the total homeless population lives in families,⁵ and they made up 37 percent of all HPI participants. Of these HPI families, 58 percent were homeless, and 42 percent were at-risk of becoming homeless. While approximately one-third of the homeless in the County are chronically homeless,⁶ these individuals made up one percent of all HPI participants.

Table 1: Number of Contacts by Participant Category

	Jan-June 2008	FY 2007-08	
Homeless Individuals	4,108	9,042	55%
Chronic Homeless Individuals	154	234	1%
Transition Age Youth	673	1,121	7%
Total for Individuals	4,935	10,397	63%
Homeless Families	1,760	3,463	21%
At-Risk Homeless Families	1,294	2,487	16%
Total for Families	3,054	5,950	37%
Total	7,989	16,347	100%

Total FY 2007-08 expected actual expenditures for these 18 HPI programs was \$13,923,623. Often requiring more intensive services, chronic homeless individuals received 28 percent of FY 2007-08 estimated actual expenditures. Chart A also shows 33 percent of expenditures were allocated for homeless individuals, followed by 29 percent for families, and 10 percent for transition age youth.

Chart A: FY 2007-08 Estimated Actual Expenditures



³ Housing Locators and Housing Specialists programs are included, but these programs are funded by CalWORKs Single Allocation and DMH Mental Health Services Act (MHSA) respectively.

⁴ Note most programs provided an unduplicated participant number; however, four programs included a duplicated participant count. Housing Locators/Housing Specialists are included in total participant count, however not in HPI funding.

⁵ LAHSA 2007 Greater Los Angeles Homeless Count.

⁶ Ibid.

Participant Characteristics

With the new reporting format for HPI, eight programs provided demographic information for program participants. Demographic information for FY 2007-08 included gender, age, and race/ethnicity of participants. The next quarterly report will include demographic information from participants of additional and newly implemented HPI programs.

Gender

While the majority of the homeless population in Los Angeles County consists of adult men,⁷ of the 1,105 participants whose gender was provided, 60 percent (909) were female, 40 percent (604) were male, and two were transgender.

Age

Compared to an average age of 45 years for homeless individuals in the County, the HPI population includes a greater proportion of children and youth. While children less than 18 years of age make up about 15 percent of the total homeless population, of HPI participants whose age was provided, 53 percent were children less than 15 years of age. Twenty-four percent of participants were between the ages of 25-49, followed by 16 percent between 16-24 years and seven percent 50 years of age and older.

Chart 1: Age of HPI Participants (n=1,949)

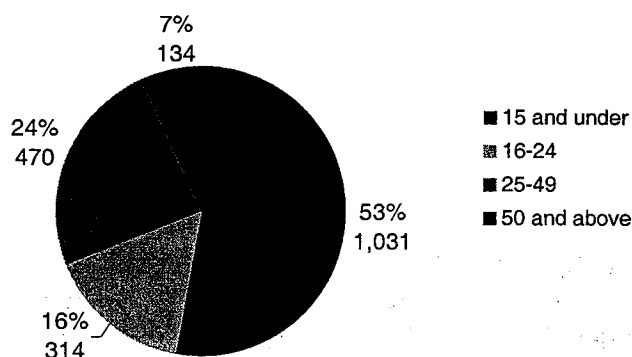
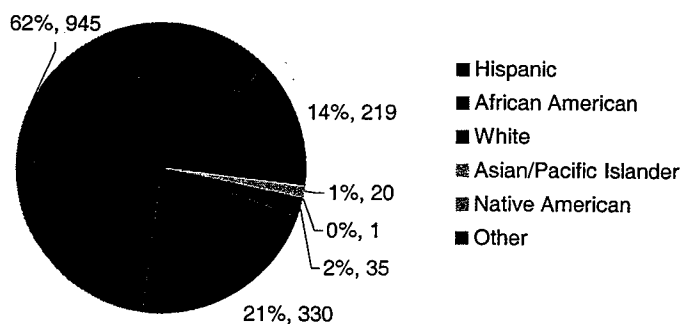


Chart 2: Race/Ethnicity of HPI Participants (n=1,550)



Race/Ethnicity

Sixty-two percent of HPI participants were African American, which is a slightly greater proportion than that of the total homeless population. Twenty-one percent of HPI participants were Hispanic, and 14 percent were Caucasian, both groups slightly less represented in comparison to the total homeless population. The remaining three percent included Asian/Pacific Islander, Native American, and other racial/ethnic groups.

⁷ LAHSA 2007 Greater Los Angeles Homeless Count.

III. HPI SERVICE COMPONENTS

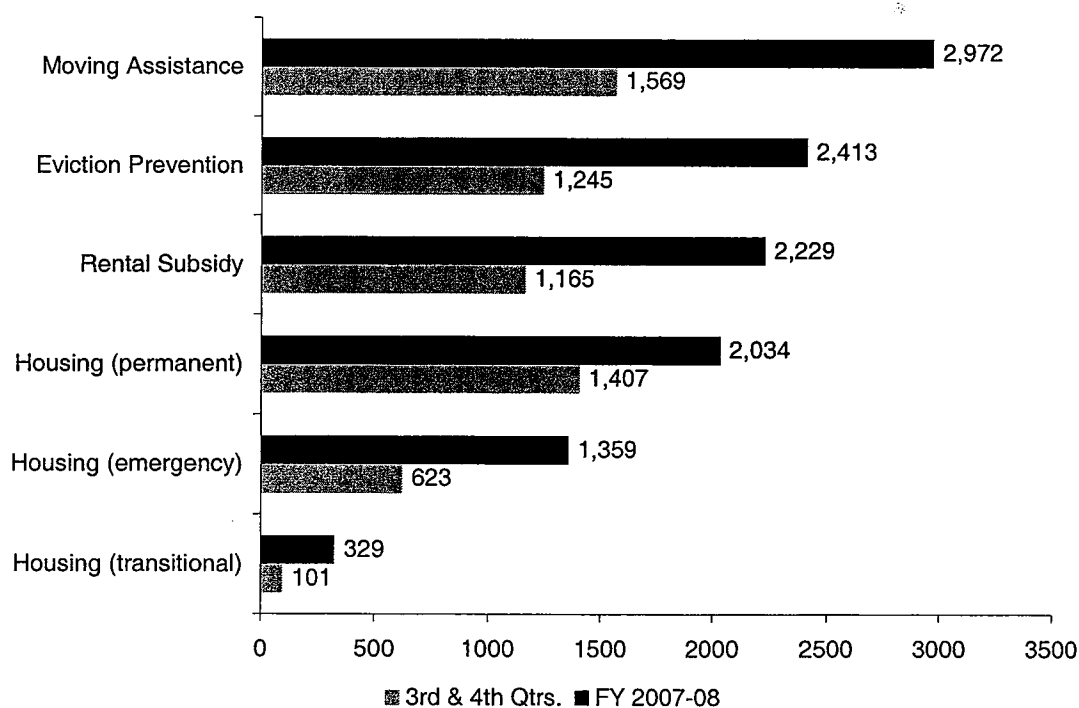
During FY 2007-08, HPI provided participants with services in four core areas: 1) Housing/Housing Assistance, 2) Employment/Education, 3) Benefits Advocacy and Enrollment, and 4) Supportive Services. Programs were requested to provide information on services that were directly provided to clients. Referrals for services were to be included, if follow-up was made to verify participants received services.

Housing/Housing Assistance

Seventeen programs provided housing assistance through moving assistance, eviction prevention, and rental subsidies. During the past year, a total of 7,614 participants received housing assistance to secure permanent housing. Table 2 shows 54 percent of participants who obtained housing assistance were families, 37 percent were individuals, and nine percent were transition age youth. In addition, 2,034 participants received permanent housing with 66 percent being families, 18 percent transition age youth, and 16 percent individuals. Chart 3 shows the total number of participants who received housing assistance and housing.

Table 2: FY 2007-08	Housing Assistance		Emergency/ Transitional		Permanent Housing	
Homeless Individuals	2,659	35%	977	58%	181	9%
Chronic Homeless Individuals	153	2%	110	6%	133	7%
Transition Age Youth	671	9%	165	10%	377	18%
Homeless & At-risk Families	4,131	54%	436	26%	1,343	66%
Total	7,614	100%	1,688	100%	2,034	100%

Chart 3: HPI Participants Receiving Housing/Housing Assistance



The HPI Report Form requested additional information on transitional/emergency housing. Nine programs placed participants into transitional or emergency housing, and five programs placed 271 participants into permanent housing upon exiting transitional or emergency housing. Participants in these five programs spent an average of 77 days in temporary housing prior to permanent housing. Participant's stay in temporary housing ranged from 4-196 days.

Employment/Education Services and Support

During FY 2007-08, four HPI programs reported a total of 75 program participants received job and/or education related supports (Table 3). These programs served transition age youth, chronic homeless individuals and families on Skid Row, and participants with co-occurring disorders. Fifty-nine percent of these participants received job training, referrals, or related resources. Due to the new reporting format, data collection for job and education related services may show fewer linkages than actually occurred. Knowing that 90 percent of the homeless in Los Angeles are unemployed,⁸ providing them with the support to overcome barriers in obtaining and maintaining employment will assist them in attaining greater self-sufficiency.

Table 3: Jobs/Education	Quarter (January – June 2008)	FY 2007-08
Job training/referrals/resources	31	44
Education (course, class, books)	18	21
Job placement (employment)	6	10
Total number of services provided:	55	75

Benefits Advocacy and Enrollment Assistance

For participants who entered programs in need of specific public benefits, six HPI programs reported enrolling homeless individuals and families. These programs served homeless individuals and the chronically homeless. Table 4 shows that during FY 2007-08, 2,009 homeless individuals were enrolled into General Relief, which consisted of 75 percent of all benefit enrollments. Six percent (129) of participants received Section 8 and Shelter Plus Care to secure permanent housing. Five percent (122) of participants were enrolled into Medi-Cal/Medicare or Supplemental Security/Disability Income (SSI/SSDI).

Table 4: Benefits	Quarter (January – June 2008)	FY 2007-08
General Relief (& Food Stamps)	678	1,755
General Relief only	145	254
Section 8	43	96
Medi-Cal or Medicare	41	74
SSI/SSDI	29	48
Food Stamps only	17	40
Shelter Plus Care	33	33
CalWORKs	15	28
Veterans	1	1
Total number of benefits provided:	1,002	2,329

⁸ Bring L.A. Home: The Campaign to End Homelessness; LAHSA 2005 Homeless Count.

Supportive Health and Human Services

Seven programs provided or connected 4,880 participants to a range of supportive health and human services. These programs served homeless and chronic homeless individuals, homeless families, and transition age youth. Table 5 shows during FY 2007-08, 46 percent (2,257) of these HPI participants received case management, which was the most frequently reported supportive service. Followed by case management, 14 percent (676) acquired life skills, 13 percent (615) received transportation, and eight percent (414) obtained food vouchers.

It is possible that other programs linked participants to these services. Additional data collection and reporting of supportive services could show that more individuals and families are receiving such services, especially those with multiple needs. Knowing that 74 percent of the homeless population have a physical or mental disability, depression, alcohol or drug use, or chronic health problems,⁹ linking these individuals and families with health care, mental health care, and substance abuse treatment is critical.

Eight programs provided case management services, and five programs selected the most intense level of case management. The HPI Report Form asked about the level of case management provided, with level one assessing the client and level three assisting with supported referrals and counseling.¹⁰ Hours provided to each participant per month ranged from 1-600 hours (average of 90 hours) with an average caseload of 23 cases per case manager.

Table 5: Supportive Services	Quarter (January – June 2008)	FY 2007-08
Case management	1,287	2,257
Life skills	461	676
Transportation	311	615
Food vouchers	238	414
Alternative court	232	286
Health care	120	183
Mental health care	103	142
Substance abuse treatment (outpatient)	69	89
Clothing/hygiene	47	80
Social/community activity	48	51
Recuperative care	45	45
Substance abuse treatment (residential)	14	22
Legal services	15	15
Detox	5	5
Total number of services provided to participants:	2,995	4,880

⁹ LAHSA 2007 Greater Los Angeles Homeless Count.

¹⁰ Post PA. Developing Outcome Measures to Evaluate Health Care for the Homeless Services. National Health Care for the Homeless Council. May 2005.

IV. LONGER-TERM OUTCOMES

The HPI Report Form requested for programs to report on three outcome areas for participants receiving services for six months or longer. The three outcome areas were: 1) housing stability, 2) education and employment status, and 3) health and well-being. Four programs reported on housing stability and education/employment status, and two of these programs that served chronic homeless individuals reported on participants' health and well-being. As additional programs follow up with clients in the future, more information on longer-term outcomes may be collected. By following up and collecting data on participants, a better understanding of the impact of HPI on achieving housing stability and overall well-being could be gained. Table 6 shows participant outcomes for four programs in each of the three outcome categories. Highlights of these outcomes include:

- **Housing Stability:** A total of 271 participants continued to live in permanent housing and/or receive rental subsidy.
- **Employment/Education:** A total of 114 participants maintained employment and 47 became employed.
- **Health and Well-Being:** Of participants continuing to receive services for six months or more, 37 reunited with their families, 80 continued to receive case management, and 98 continued to receive health care.

Table 6: Outcome Category	FY 2007-08
Housing Stability	
Continuing to Live in Housing (permanent)	168
Receiving Rental Subsidy	103
Employment/Education Status	
Obtained employment	47
Maintained employment	114
Enrolled in educational program, school	30
Received high school diploma/GED	1
Health and Well-Being (for participants continuing services)	
Case management	80
Health care/medical	98
• Good or improved physical health status	66
Mental health/counseling	49
• Good or improved mental health status	37
Substance abuse treatment (outpatient)	39
Substance abuse treatment (residential)	3
• No drug use	15
Reunited with family	37

V. QUALITATIVE INFORMATION (NARRATIVE)

Program Successes, Challenges, and Action Plans

The HPI Report Form requested information from County Departments about each program's successes, challenges, and action plans for FY 2007-08. As discussed in the executive summary, a review of the narrative section of this report identified four common themes in implementing strategies to decrease and prevent homelessness. The complete narrative section of each program is included in Attachment B, and a more detailed discussion can be found in the executive summary of this report. Specific examples on collaborative partnerships, innovative processes, outreach strategies, and leveraging funds are highlighted:

Develop and strengthen collaborative partnerships between County departments and community-based agencies to ensure a seamless and integrated service system.

- The Santa Monica Homeless Community Court assisted 85 program participants with taking steps towards improving their lives, and the Court dismissed citations or warrants for 39 Court clients upon program completion. Through the Court's partnership with Edelman Mental Health Center, the program eliminated barriers for clients to access pharmacies and psychiatric care.
- As of June 30, 2008, the Skid Row Families Demonstration Project had relocated 192 families from Skid Row to permanent housing. Approximately 60 families have either refused mental health treatment and/or referrals for interventions, and this presents a challenge in facilitating successful relocation of families into permanent housing. Currently, the demonstration project is focusing on a more structured relationship with DMH to provide additional support to case managers working with families once they are placed into permanent housing.

Support processes that promote information sharing between service providers to better meet clients' housing and service needs.

- During the first six months of 2008, Project 50 moved 35 of the most vulnerable chronic homeless from Skid Row into permanent housing. Led by the CEO and DPH, a multidisciplinary team of five County departments, Skid Row Housing Trust with assistance from our consultant Common Ground, and LAHSA designed procedures and protocols to locate Project 50 participants, guide integrated case management, and build client relationships. Members of the Integrated Supportive Services Team (ISST) work together with each client to identify and take necessary steps to complete housing applications and coordinate comprehensive services for clients. The innovative approach has removed barriers in reaching this chronically homeless population. As a result of Project 50, a new client-centered system has been developed to assist the most vulnerable, chronic homeless individuals in attaining permanent housing.
- Over the past year, the Los Angeles County Housing Resource Center (LACHRC) reported over 1.4 million housing searches were conducted on this website as well as an estimated \$18,000 in cost savings due to the accelerated lease-up of vacant Section 8 units from three months to a few days. In addition, 3,277 landlords have registered properties on the website, and LACHRC is expanding its marketing efforts to landlords.

- Similarly, DMH's Housing Specialists program conducts outreach and education with landlords to increase housing options for the homeless and at-risk population. In addition, the Santa Monica Homeless Community Court works to encourage landlord participation by working with partners to expedite the housing application process.

Expand outreach and education efforts to provide specialized supportive services and housing to more homeless and at-risk individuals and families.

- To identify new participants, the DHS Access to Housing for Health (AHH) program conducts outreach by holding in-service trainings at various shelters, attending weekly meetings at DHS hospitals, and connecting with the JWCH Recuperative Care program. As a result of these efforts, four families and 39 individuals were placed into permanent housing over the past fiscal year. Twelve individuals have reached their one year anniversary in permanent housing since enrolling in AHH. Their inpatient hospitalizations and ER visits have decreased by 95 and 87 percent, respectively.
- From January through June 2008, DMH staff from the Co-Occurring Disorders Court (CODC) program attended several Public Defender staff meetings to inform them about program requirements and benefits. While the program only enrolled 17 percent of 289 individuals who were referred due to a lack of quality referrals, CODC is working to maintain full enrollment capacity by directly outreaching to attorneys. To increase the number of referrals from attorneys, program staff will be partnering with court located Sheriff's deputies to identify individuals who are housed in correctional facility mental health housing. By identifying individuals suffering from mental illness, CODC staff will approach attorneys proactively and discuss the possibility of a treatment program and its potential benefits for their clients.

Leverage funding to expand access to housing and services for more homeless and at-risk individuals and families.

- With extensive housing and service needs of the homeless population in the County, bringing together resources will maximize the effectiveness of various service delivery strategies. For instance, the Los Angeles County Housing Resource Center (LACHRC) successfully leveraged a total of \$382,000 of HPI and CDC funding with approximately \$240,000 from the Kaiser Foundation Hospitals. The additional funding will be used to develop an on-line registration system for recuperative care beds in Skid Row and Bell Shelter.
- The RFP process for the City and Community Capital Program (CCP) has allocated \$32 million for community-based organizations that plan to collaborate and leverage resources for the homeless and at-risk population. A total of 21 programs will be expanding coordination of services with other community-based agencies. The CCP program will enhance systems building within communities and better coordinate services for the homeless population.

Client Success Stories

Client success stories were also requested from each program. All stories are organized by program in Attachment B. The stories illustrate the impact HPI has made on many lives, as shown through the words of participants and providers.

"I would like to thank you all for having given me another chance to get myself and my life back together."
– Co-Occurring Disorder Court Program participant

Edward was usually found intoxicated, unable to control body functions, and in the halls. Living at the hotel, he was at risk. Through relationships with the program's team, especially with the Chemical Dependency counselor, he entered detox. One time, Edward disappeared and returned several days later to complete the treatment, and then returned home sober. He started new medication and lost his desire to get intoxicated. Although he experienced 2-3 short relapses, Edward is now an inspiration to others, showing off his new prescription glasses and says he can now see well for the first time in years.
– Project 50 provider

One of the Probation's Transition to Permanency (TPP) Project's first clients was referred by his Probation Officer, who heard about the program through the outreach efforts of the housing projects coordinators. He moved into his apartment on June 30, 2007 and maintained residence for a complete year. While he was in the program, he received rental assistance, maintained a job, and successfully provided housing for his 5 month-old daughter and her mother. He has earned his GED and worked a few jobs since receiving housing through TPP. Currently, he has been working for the Aquarium of the Pacific since October of 2007 and maintains his housing without further assistance.
–TPP provider

VI. RECOMMENDATIONS

During FY 2007-08, the HPI offered hope to many homeless and at-risk individuals and families living in Los Angeles County. As we apply lessons learned to inform future planning efforts, we hope to continue to make a greater impact on the lives of many residents who need the support to achieve and sustain a safe, stable place to live. The lessons learned make it clear that:

- More linkages between various supportive services as well as housing is critical to create self sustainability for the homeless;
- Greater availability of affordable and subsidized housing would move more homeless residents into safe housing;
- Information sharing and improved data collection would enable more learning about clients' needs and program progress; and
- Opportunities for joint problem solving among partners would build on existing strategies and overcome service delivery barriers.

In summary, the CEO will continue to develop public private partnerships with cities and communities throughout the County to create regional solutions to address and end homelessness. To ensure the greatest return on the County's investment, the CEO holds monthly Board briefings and homeless coordination meetings that include staff from Board offices, County Departments, LAHSA, CDC, and the City of Los Angeles to provide updates on the HPI budget and programs. The forum is an opportunity to discuss various homeless issues. These monthly meetings are chaired by Deputy Chief Executive Officer, Miguel Santana and his staff. Each of these efforts and your Board's continued investment will ensure that the initiative to end the homeless crisis throughout Los Angeles is successful.

Homeless Prevention Initiative (HPI) Programs

Program	FY 2007-08 Indicator	Target	Funding	Budget
I. Families				
1. Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	2,408 families receive eviction prevention to prevent homelessness.	2,079	One-Time	\$3,300,000
2. Moving Assistance for CalWORKs and Non-CalWORKs Homeless Families	1,486 families received moving assistance and permanent housing.	1,305 450	One-Time	\$2,400,000
3. Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	79 families received rental subsidies to prevent homelessness.	1,475	One-Time	\$500,000
4. Housing Locators	363 families placed into permanent housing.	n/a	DPSS	\$3,000,000
5. Skid Row Families Demonstration Project	123 families have been placed into permanent housing.	300	Board Approved	\$9,212,000
II. Transition Age Youth				
6. Moving Assistance/Rental Subsidies for TAY – DCFS	196 TAY received rental subsidies.	335 3yr	One-Time	\$1,750,000
7. Moving Assistance/Rental Subsidies for TAY – Probation	203 TAY received rental subsidies. 10% recidivism rate (compare to 30%)	335 3yr	One-Time	\$1,750,000
III. Individuals				
8. Access to Housing for Health (AHH)	43 clients placed into permanent housing. 95% decrease in hospitalizations; 87% in ER visits.	115 cap	Board Approved	\$1,500,000
9. Co-Occurring Disorders Court	47 participants placed into permanent housing.	n/a	Ongoing HPI	\$200,000
10. DPSS General Relief Housing Subsidy & Case Management Project	1,535 homeless GR participants received rental subsidies.	900 time	Ongoing HPI	\$4,052,000
11. DPSS-DHS Homeless Release Project	240 potentially homeless individuals received benefits.	n/a	Ongoing HPI	\$588,000
12. DPSS-Sheriff's Homeless Release Project	1,760 individuals received benefits.	n/a	Ongoing HPI	\$748,000
13. Homeless Recuperative Care Beds (DHS)	42 patients admitted to recuperative care beds.	490/2yr	One-Time	\$2,489,000
14. Housing Specialists (most clients are individuals)	93 placed into permanent housing.	n/a	DMH MHSA	\$923,000
15. Los Angeles County Homeless Court Program	126 individuals with citations or warrants dismissed.	n/a	Ongoing HPI	\$379,000
16. Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program	63 single adults received moving assistance to prevent homelessness.	until 2,000	One-Time	\$1,100,000
17. Project 50	35 chronic homeless individuals placed into permanent housing.	50	One-Time	\$3,600,000
18. Santa Monica Homeless Community Court	39 individuals with citations or warrants dismissed.	90	Board Approved	\$540,000
IV. Multiple Populations				
19. Los Angeles County Housing Resource Center	Over 1.4 million housing searches conducted in first year.	n/a	Ongoing HPI	\$202,000
20. Pre-Development Revolving Loan Fund	7 potential projects to be funded with the LACHIF	n/a	One-Time	\$20,000,000

Homeless Prevention Initiative (HPI) Programs

Program to be Implemented	FY 2007-08 Indicator	Target	Funding	Budget
City and Community Programs (CDC)	\$11.6 m capital development/housing units \$20.6 m City Community Programs	Individuals, Families	One-Time	\$32,000,000
Jail In-Reach Program	-	Individuals 400/2 yr	One-Time	\$1,500,000
Long Beach Veterans	-	250 Individuals	Ongoing HPI	\$500,000
SSI and Other Benefits Advocacy Program	-	Individuals	One-Time	-
Total				\$92,233,000

City and Community Program (CCP) Funds	Service (\$)	Capital (\$)
A Community of Friends – Permanent Supportive Housing Program	\$1,800,000	
Beyond Shelter Housing Dev. Corp. – Mason Court Apartments		\$680,872
Catalyst Foundation for AIDS Awareness and Care – Expansional Supportive Services Antelope Valley	1,800,000	
Century Villages at Cabrillo, Inc. – Family Shelter EHAP I & II		1,900,000
City of Pasadena – Nehemiah Court Apartments	102,685	858,587
City of Pomona – Community Engagement & Regional Capacity Building	913,975	
City of Pomona – Integrated Housing & Outreach Program	1,239,276	
CLARE Foundation, Inc. – 844 Pico Blvd., Women's Recovery Center		2,050,000
Cloudbreak Compton LLC – Compton Vets Services Center	322,493	1,381,086
Homes for Life Foundation – HFL Vanowen	369,155	369,155
Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Antelope Valley	900,000	
Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Long Beach	1,340,047	
Ocean Park Community Center (OPCC) – HEARTH	1,200,000	
Skid Row Housing Trust – Skid Row Collaborative 2 (SRC2)	1,800,000	
So. California Housing Development Corp. of L.A. – 105 th and Normandie	200,000	600,000
So. California Alcohol & Drug Programs, Inc. – Homeless Co-Occurring Disorders Program	1,679,472	
Special Services for Groups (SSG) – SPA 6 Community Coordinated Homeless Services Program	1,800,000	
The Salvation Army – Bell Shelter Step Up Program		500,000
Union Rescue Mission – Hope Gardens Family Center	756,580	646,489
	1,096,930	
Volunteers of America of Los Angeles – Strengthening Families	1,000,000	
Women's and Children's Crisis Shelter	300,000	
Total for Service and Capital	\$18,620,613	\$8,986,189
Grand Total for CCP	\$27,606,802	

For this status report, unless specified: Quarter refers to January – March 2008 and April – June 2008. Fiscal Year refers to July 1, 2007 – June 30, 2008.

I. PROGRAMS FOR FAMILIES

1, 2, and 3) DPSS Programs: Moving Assistance, Eviction Prevention, and Rental Subsidy

Goal: Assist families to move into and/or secure permanent housing.

Budget: (One-Time Funding)

	Original	FY 2007-08	FY 2008-09	Total
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	\$1,300,000	\$400,000	\$1,600,000	\$3,300,000
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	\$1,300,000	-	\$1,100,000	\$2,400,000
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	\$500,000	-	-	\$500,000

**Table A.1: DPSS Services for Families by Program
FY 2007-08**

Program (unduplicated count)	Quarters	Fiscal Year
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	1,242 received eviction prevention.	2,408 received eviction prevention.
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	780 received moving assistance and permanent housing.	1,486 received moving assistance and permanent housing.
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	52 received rental subsidies for permanent housing.	79 received rental subsidies for permanent housing.

**Table A.2: DPSS Measures by Program
FY 2007-08**

Program (unduplicated count)	Number of applications received		Number of applications approved		Average amount of grant	
	Qtr	FY	Qtr	FY	Qtr	FY
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	1,854	3,660	1,242	2,408	\$568	\$589
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	1,189	2,291	780	1,486	\$623	\$629
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	52	81	52	79	\$340	\$150

For the quarters and fiscal year, programs reported an average of three business days to approve an application.

1) Moving Assistance (MA) for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families

Successes: From the total number (780) of families receiving MA benefits for the reported quarter, a total of five families received assistance through MA for Non-CalWORKs families. From the total (1,486),

number of families receiving MA benefits for the reported FY, a total of six families received MA for non-CalWORKs families. An increase in referrals during the last two quarters was due to a community information drive and visits to emergency/transitional shelters by the outreach team.

Challenges: Upon implementation, DPSS projected 450 non-CW families would be served by the MA for Non-CalWORKs Program; for the reported FY, only six families have received assistance through the program. According to feedback received from the shelters, the program is not being utilized, due to families not meeting the eligibility criteria, such as income limits. Additionally, some families are undocumented and do not want to jeopardize their ability to obtain legal residency/citizenship. The number of families is low, because the vast majority of homeless families receive CalWORKs. The requirement that requestors must be exiting emergency/transitional shelters to be eligible is a major barrier.

Action Plan: Since the funding approved for CalWORKs and non-CalWORKs families is combined, this low utilization by non-CalWORKs families will enable the approved funding to serve more CalWORKs families. Elimination of the requirement that requestors must be exiting emergency/transitional shelters has been proposed.

Client Success Story: Mr. X had been separated from his family due to homelessness. Mr. X was connected with services provided by DPSS, through one of the Homeless Fairs. With the assistance of the Homeless Case Manager (HCM) GAIN Services Supervisor (GSS), the family found permanent housing, received MA for Non-CalWORKs families, and reunited and moved into their new home. Mr. X is very grateful for the assistance he received.

2) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families

Successes: Out of the total number (52) for the reported quarter, one family received assistance through the 12-Month Rental Subsidy Program. Out of the total amount (79), for the reported FY, one family received assistance through the 12-Month Rental Subsidy Program.

Challenges: Upon implementation, DPSS projected the subsidy would benefit 1,475 families. A total of 79 families have benefited from this program for the reported FY and 52 for the reported quarter. Based on the feedback from the families, shelter agencies, and HCMs, the families are choosing to apply for Section 8, instead of the 12-Month Rental Subsidy.

Action Plan: The maximum subsidy amount has been increased from \$300 to \$500. Through the increase, it is anticipated that more families will be able to benefit from the program. Additionally, undocumented families do not want to apply for any benefits, because they do not want to impact their opportunity for legal residency and/or citizenship.

Client Success Story: Through a Homeless Fair, Mr. X was connected with DPSS Housing Program Services. Through the assistance of the HCM GSS, Mr. X was able to locate and attain permanent housing for his family. The family was eligible to receive assistance through the 12-Month Rental Subsidy Program. Mr. X is very grateful for the services provided by DPSS.

3) Emergency Assistance to Prevent Eviction (EAPE) for CalWORKs Non-Welfare-to-Work Homeless Families

Successes: The program has successfully assisted a total of 2,408 families who were at risk of homelessness to retain permanent housing and maintain their utility services. This means fewer families on the streets of our County and less families going without the basic utility service needs such as electricity, gas, etc.

Client Success Story: Ms. X fell on to hard times after she lost her job. She was served with an eviction letter, due to not being able to pay her monthly rent due. With the help of the EAPE, Ms. X was able to retain permanent housing for herself and her children.

4) Housing Locators - DPSS

Goal: Assist families to locate and secure permanent housing.

Budget: \$ 3 million (DPSS CalWORKs funding)

Table A.3: Housing Locators Measures

FY 2007-08

(unduplicated count)	Quarters	Fiscal Year
Homeless Families	558	1,214
Housing (permanent)	174	363
Number of referrals to Program	558	1,214
Average time to place family (days)	120-180	120-180

Successes: Approximately 1,214 homeless families have been referred to the Housing Locator for the reported FY. This has resulted in approximately 363 families being placed in permanent housing for the reported FY.

Challenges: To increase the number of referrals.

Action Plan:

- Continue to make improvements to the Housing Locator contracts by having monthly meetings of DPSS Line, Contract and Program managers, with representatives from Del Richardson and Associates, Inc. (DRA) and Weingart Center Association (WCA). Monthly meetings continue to be held with the goal of enhancing the program.
- An incident report has been created to identify on a case-by-case basis, any deficiencies in the program. Both DPSS and the contractors are addressing issues in an expedited manner.
- During the intake process, a form has been developed to be used by the Housing Locator to identify a family's barriers to permanent housing and facilitate communication with the Homeless Case Manager.
- DPSS District Offices are closely monitored to ensure use of the allocated number of referral slots for Housing Locator services.
- Permanent Housing Assistance Services (PHASE) Database: Housing Locators have begun to review PHASE and annotate their services.

Client Success Story: Ms. Y had no hope of finding affordable permanent housing; however, with the assistance of the Housing Locator, the family's application for a low-income apartment was approved. Ms. Y stated that the new apartment is a new beginning for herself and her family.

5) Skid Row Families Demonstration Project

Goal: Locate 300 families outside of Skid Row and into permanent housing.

Budget: \$9,212 million (Board Approved Funding)

Table A.4 : Skid Row Families Demonstration Project Participants and Services

FY 2007-08

(unduplicated clients) (duplicated services)	Fiscal Year		Quarter	Fiscal Year
Homeless Families	300	Moving Assistance	61	123
(individuals)	1,084	Housing (emergency)	98	278
Female	273	Housing (permanent)	61	123
Male	27	Rental subsidy	6	14
Hispanic	71	Education	1	2
African American	187	Job training/referrals	15	25
White	13	Job placement	4	6
Asian/Pacific Islander	4			
Native American	-	Section 8	22	65
Other	25			
		Case management	250	254
15 and below	619	Life Skills	250	254
16-24	80	Mental health/counseling	12	17
25-49	295	Transportation	174	410
50+	15	Food vouchers	214	390

Program Specific Measures	Quarter	Fiscal Year
Number of families enrolled in project	-	300
Number of families relocated from Skid Row area within 24 hours	-	-
Number of families placed into short-term emergency housing	-	300
Number of adults received referrals to community-based resources and services	200	420
Number of children received intervention and services	424	850
Number of families received monitoring/follow up after 6 months case management	51	64
Number of families no longer enrolled (termination or dropped out of program)	4	50
Number of families received an eviction notice during the last 3 months	-	-

Emergency Housing/Case Management	
Average length of stay in emergency housing:	65 days
Most frequent destination (permanent housing):	192 families
Case management (levels 2 and 3)	
Average number of case management hours for each participant per month:	16 hours
Total case management hours for all participants during current reporting period:	3,900 hours
Number of cases per manager:	25 cases

Additional measures to be provided after close of program:

- Gainful Employment - (Number of individuals who obtained employment)
- Access to appropriate and necessary Mental Health or substance abuse treatment - (Number of individuals who received mental health services, Number of individuals who received substance abuse treatment)
- Educational stability for children - (Number of children)
- Socialization/recreational stability for children - (Number of children)
- Services to assist domestic violence victims - (Number who received domestic violence services/counseling)

Successes: As of June 30, 2008, 192 families have been relocated from Skid Row to permanent housing, through the utilization of HACLA Section 8 vouchers, utilization of shallow subsidies for Fair Market Value rentals and some subsidized housing, and the placement of some families into subsidized, service-enriched, affordable housing complexes owned by Beyond Shelter.

Challenges: During the second quarter, the issue of undiagnosed and/or untreated mental health conditions remains ongoing, with approximately 60 heads-of-households either refusing treatment and/or referrals for interventions. As a result, Demonstration Project case managers deal on a regular basis with clients who demonstrate erratic and hostile behaviors, emotional outbursts, lack of motivation, and sometimes serious hygiene issues. Children in these families are often at high risk.

Action plan: Future efforts to create a more structured relationship between DMH and Beyond Shelter would provide much needed support to case managers attempting to assist families with ongoing crises in their lives. This support would also help facilitate the successful relocation of these families into permanent housing. Most importantly, a more structured collaborative effort with DMH would provide vital support for these families once they are in permanent housing, while also addressing their mental health issues from a stable housing base.

Client Success Story: When contacted by the Los Angeles Police Department (LAPD) that his son's mother, who is mentally ill, had abandoned their 6-year-old autistic son with a friend in the Skid Row area, he tried to bring the boy to live with him. However, the girlfriend refused to allow the son in the house, and, as a result, father and son both became homeless. Leonard exhausted their 14-day homeless assistance motel voucher through CalWORKs and then went to a Volunteers of America (VOA) shelter for several months. Leonard's son has been diagnosed with both autism and learning disabilities. Although Leonard was given various services at VOA, there was no "exit plan" and the money he had saved was inadequate to find permanent housing. The father's savings were eventually spent on motels until the family was placed in LAHSA's Emergency Shelter Services (ESS) 120 day program. At the end of their stay, they were referred to PATH for four months of emergency shelter. When that time was exhausted, the family was forced to return to Skid Row and sought assistance from the Midnight Mission. From there, they were referred by the Skid Row Assessment Team to Beyond Shelter for enrollment into the Demonstration Project. Beyond Shelter assisted Leonard and his son with a move to a motel outside of Skid Row and then into a studio master-leased apartment. The assigned case manager began working closely with Leonard on a permanent housing plan, which included applying for a Section 8 voucher. Meanwhile, Leonard worked with the DPSS GAIN program to complete janitorial training and is now employed at his son's current school. Leonard continues to focus his attention on helping to provide the best environment and treatment for his son and is actively receptive to the continued involvement of his Beyond Shelter case manager.

II. PROGRAMS FOR TRANSITION AGE YOUTH**6 and 7) Moving Assistance for Transition Age Youth****Goal:** Assist transition age youth to move into and secure permanent housing.**Budget:** \$3.5 million (One-Time Funding)**Table B.1: Moving Assistance for Transition Age Youth Participants
FY 2007-08**

(Probation- unduplicated) (DCFS unduplicated)	Total FY 2007-08	Probation		DCFS	
		Quarters	Fiscal Year	Quarters	Fiscal Year
Transition Age Youth	*761 (100%)	119	203	425	558
Female	492 (65%)	52	89	299	403
Male	271 (35%)	67	114	108	157
Hispanic	174 (19%)	26	47	91	127
African American	631 (71%)	86	247	285	384
White	76 (8%)	7	8	23	68
Asian/Pacific Islander	14 (2%)	-	1	8	13
Native American/Other	-	-	-	-	-
16-24	615(98%)	-	203	-	412
25-49	13 (2%)	-	-	-	13

*Unduplicated number of participants: 399 (203 Probation + 196 DCFS).

**Table B.2: Moving Assistance for Transition Age Youth Services
FY 2007-08**

(unduplicated count)	Total FY 2007-08	Probation		DCFS	
		Quarters	Fiscal Year	Quarters	Fiscal Year
Moving Assistance	257	89	121	94	133
Rental Subsidy	399	199	203	123	196
Housing (permanent)	318	110	185	94	133
Any supportive service ⁺	165	45	101	64	64
Education	10	-	-	10	10
Job training, referrals	4	-	-	4	4
Job placement	81	43	81	-	-
Case management	196	-	-	196	196
Life skills	8	-	-	8	8
Mental health	1	-	-	1	1
Transportation	17	-	-	17	17
Food vouchers, clothing	24	-	-	24	24

⁺Probation does not break down supportive service by type, except for job placement.**Table B.3: Longer-term Outcomes for Transition Age Youth
(6 or more months), FY 2007-08**

	Probation	DCFS
Continuing to live in housing	55	51
Obtained employment	43	47
Maintained employment	**67	1
Enrolled in educational program/school	15	45
Received high school diploma/GED	1	10

**May be less than 6 months

**Table B.4: Program Specific Measures for Transition Age Youth
FY 2007-08**

	Probation		DCFS	
	Quarters	Fiscal Year	Quarters	Fiscal Year
Number of new approvals	167	285	128	205
Average cost per youth	\$3,843	\$3,815	-	\$2,663
Number of program participants satisfied with program services	100% (of 6)	100% (of 87)	50	69
Number of pregnant/parenting youth placed in permanent housing	25	54	28	61
Number exited housing	45	48	135	176
Number remaining in permanent housing and receiving assistance at 6 months	n/a	n/a	37	37

Probation – Moving Assistance for TAY

Successes: Transitioning young Probationers from jail, camp, placement, gang related environments and/or an unstable family situation is difficult. Seventy-eight percent of the young adults placed in housing through the Transition to Permanency Project (TPP) remain in housing. Given the client population, this is a higher than expected success rate. ***The overall recidivism rate for Probation is approximately 30 percent and, to date, the re-offend rate for TPP participants is 10 percent.*** This appears significant and it will be interesting to track whether or not this is sustained over the next year.

Challenges: Keeping track of the youth on a monthly basis continues to be challenging. Youth often do not have a land-line phone and tend to use disposable phones so their contact numbers change frequently. They are not consistent in contacting their housing coordinators monthly and the coordinators use a lot of energy tracking the youth to make sure they are continuing in housing and are not in need of further services. As seen in the satisfaction survey, six youth were contacted out of a random list of twenty youth. Three of the twenty already left housing, three telephone numbers were wrong or disconnected, and eight participants were not home or did not return the call when a message was left on their voice mail.

Action Plan: Staff will work each month with all clients in the program to encourage housing and employment stability. The program will continue outreach and collaboration with other County Departments and community agencies, including landlord recruitment and the development of relationships with additional employers willing to hire system involved youth.

Client Success Story: This is the story of one of the first clients to receive assistance from Probation's TPP. His Probation Officer, hearing about the program through the outreach efforts of the housing project coordinators, referred him to the TPP program. He moved into his apartment on June 30, 2007. He maintained his residence for a complete year. He took positive advantage of this rental assistance, maintained a job and successfully provided housing for his 5-month old daughter and her mother. He received his GED and worked a few jobs since obtaining housing through TPP. However, he has been on his current job with the Aquarium of the Pacific since October of 2007. He continues in housing without further assistance.

III. PROGRAMS FOR INDIVIDUALS

8) Access to Housing for Health (AHH)

Goal: To provide clients discharged from hospitals with case management, housing location and supportive services while permanent housing applications are processed.

Budget: \$1.5 million (Board Approved Funding)

**Table C.1 : Access to Housing for Health Participants and Services
FY 2007-08**

(Unduplicated count)	Quarter	Fiscal Year	Quarter	Fiscal Year	
Homeless Individuals	-	4	Education	2	2
Chronic Homeless	9	5	Job training	1	1
Homeless Families	-	4	Job placement	-	2
Female	3	26			
Male	6	48	General Relief	7	47
			Food Stamps only		1
Hispanic	3	20	Medi-Cal/Medicare	2	29
African American	2	33	Section 8	20	30
White	4	19	SSI/SSDI	7	23
Asian/Pacific Islander	-	1			
Native American	-	-	Case Management	9	66
Other	-	-	Health care	9	66
			Life Skills	9	66
15 and below	-	7	Mental health/counseling	5	15
25-49	-	27	Substance abuse (outpat.)	4	11
50+	-	40	Transportation	9	66
Moving Assistance	25	38			
Housing (emergency)	9	66			
Housing (permanent)	27	43			
Rental subsidy	25	38			
Program Specific Measures			Quarter	Fiscal Year	
Number of referrals			86	353	
Number admitted to program (enrolled)			9	66	
Pending applications			13	-	
Number that did not meet eligibility criteria			64	244	
Number of exited clients			8	20	
Of the current AHH enrollees, number of inpatient admissions			1	5	
Number of ER visits after program enrollment			14	33	
Number of new AHH enrollees that have a primary healthcare provider			9	66	
Transitional Housing/Case Management					
Average stay at emergency/transitional housing:			196 days, 42 into permanent housing		
Level 3 Assisted/Supported Referral and Counseling case management services					
Average case management hours for each participant per month:			4 hours		
Total case management hours for all participants during current reporting period:			184 hours		
Number of cases per case manager:			12 cases		

Successes: On May 27, 2008, the Board of Supervisors voted to allocate an additional \$1.5 million to the AHH program to continue enrolling participants and extend the program until December 2010. This reporting period (January 1, 2008 through June 30, 2008) 27 participants moved into permanent housing through the AHH program; for a grand total of 42 participants in permanent housing as of June 30, 2008: 13 - City Section 8, 17 - County Section 8, 7 - County Public Housing, 4 - Skilled Nursing Facility, and 1 - Family/Friends.

Table C.2: Longer-term Outcomes	6 mo.	12 mo.
Continuing to live in housing	13 of 13	2 of 2
Receiving rental subsidy	13 of 13	2 of 2
Obtained employment	-	2
Maintained employment	-	2
Enrolled in educational program	-	1
Case management	40	12
Health care	40	12
Good or improved physical health	22 of 27	n/a
Substance abuse treatment (outpatient)	3	-
Reunited with family	21	5

There are 12 individuals that have reached their one year anniversary in permanent housing since enrolling in AHH. They are either permanently housed in Section 8 (City or County) or in County Public Housing. They had a combined total of **78 Emergency Department visits** during the 12 months prior to AHH enrollment. Post enrollment, the clients had a combined total of **10 Emergency Department visits, which is an 87% reduction**. These same 12 individuals had a combined total of 18 inpatient hospitalizations (totaling 127 days) prior to AHH enrollment. These clients had a total of two inpatient hospitalizations post AHH enrollment (totaling six days). **The number of inpatient hospitalizations was reduced by 95%.**

Challenges: Identifying eligible participants continues to be a challenge. AHH runs criminal background checks on all applicants prior to entry into the program, which is part of the Section 8 and Public Housing criteria. Since January 1, 2008, 31 out of the 64 denials (or 48%) were based on a criminal background history. In addition, many of applicants were too complex to live independently and needed alternative placements such as a skilled nursing facility, board and care, residential mental health facility or residential substance abuse treatment facility.

Another challenge has been accessing the DPSS' Moving Assistance program for single adults. The barriers identified relate to the unexpectedly slow processing time for payment to prospective landlords, limited access to DPSS Civic Center office staff charged with administering the benefits, and reluctance on the part of appliance and moving vendors to supply their TAX ID number to DPSS. DPSS is working to rectify these barriers in partnership with DHS AHH program staff.

Action Plan: The AHH Pilot Project continues to conduct outreach in order to identify more eligible clients. DHS and Homeless Health Care Los Angeles (HHCLA) staff have conducted in-service trainings at various shelters and continue to attend weekly meetings at the DHS hospitals. In addition, the JWCH Recuperative Care program also opened an additional 30 beds this year, which creates another referral source.

Client Success Stories: Before Participant 1 enrolled in the AHH Project, he resided on the grounds of Griffith Park in a tent for the past seven years. He is 50 years old and is diagnosed with congestive heart failure (CHF), hypertension, and diabetes. He was admitted to LAC+USC Medical Center in August 2007 for a diabetic foot ulcer and was transferred to Rancho Los Amigos for a toe amputation and rehabilitation. On September 9, 2007, Participant 1 was enrolled in the AHH Project and has since overcome many obstacles in his life. Participant 1 was provided with emergency housing and assisted with applying for a City Section 8 voucher through HHCLA. He was also assisted with housing locator services through Del Richardson and Associates and moved into his own apartment in the West Adams district of Los Angeles on March 21, 2008. Since moving in, Participant 1 has been maintaining his apartment, continues to pay rent, and was recently approved for SSI and Medi-Cal. Despite his many successes, Participant 1 continues to have difficulties dealing with isolation and maintaining his health. The AHH case management team continues to work with Participant 1 to address those challenges.

Participant 2 is a 59 year old Hispanic male with diabetes who has been homeless for over two years and residing in the hills of Lincoln Heights. In January 2008, client was sleeping in a tent with a friend. His friend left a candle burning while reading a bible and as a result, the tent went up in flames subsequently killing the client's friend. Participant 2 was able to survive the fire and was immediately brought to the Burn Unit at LAC+USC Medical Center. The client's wounds required skin grafting and he underwent two surgeries. Participant 2 was discharged to the Recuperative Care program operated by JWCH and later enrolled into the AHH Pilot Project on April 9, 2008.

Participant 2 has a 30 year history of alcohol abuse with existing mental health issues. Since entering the AHH program, he applied and was approved for GR benefits and has entered into the HHCLA Outpatient Drug Treatment program in which he participates biweekly. The client was seen by the HHCLA psychiatrist; referred to on-going mental health services for Spanish speakers; the USC Dental Clinic for dentures; and Lenscrafters for an eye exam. Participant 2 was approved for a Public Housing unit through the Housing Authority of the County of Los Angeles (HACoLA) and will be moving into his unit within the next few weeks.

9) Co-Occurring Disorders Court

Goal: Assist dually diagnosed adult defendants in receiving comprehensive community-based mental health and substance abuse treatment.

Budget: \$200,000 (HPI On-going Funding; pass through for DMH)

Table C. 3: Co-Occurring Disorders Court Participants and Services
FY 2007-08, Quarter: April-June 2008

(unduplicated count)	Quarter	FY		Quarter	FY
Chronic Homeless	37	51	Education	5	7
Homeless Individuals	2	2	Job training/referrals	9	12
Transition Age Youth	1	1	Job placement	1	1
Female	21	28	CalWORKs	1	2
Male	20	27	General Relief (GR,FS)	8	14
			Food Stamps only	3	3
			Medi-Cal/Medicare	26	32
			SSI/SSDI	15	18
Hispanic	5	6	Alternative Court	36	47
African American	30	41	Case Management	36	47
White	5	7	Health care/medical	31	37
			Life Skills	33	44
16-24	-	2	Mental health/counseling	36	47
25 -49	-	26	Social/community activity	18	21
50+	-	12	Substance abuse (outpatient)	36	47
			Substance abuse (residential)	4	4
Housing (emergency)	1	2	Transportation	36	47
Housing (permanent)	36	47	Clothing	20	36
Rental Subsidy	25	38	Personal Hygiene	27	44
Longer-term Outcomes				6 mo	12 mo
Continuing to live in housing				9	3
Receiving rental subsidy				7	1
Enrolled in educational program, school				2	1
Case management				11	3
Health care				11	3
Good or improved physical health				11	3
Mental health/counseling				11	3
Good or improved mental health				11	3
Substance abuse treatment (outpatient)				9	3
Substance abuse treatment (residential)				2	-
No drug use				9	1
Reunited with family				8	1
Emergency Housing/Case Management					
Average stay in emergency housing:				11 days	
Number placed into permanent supportive housing:				2 participants	
Level 3 Assisted/Supported Referral and Counseling case management services					
Average case management hours for each participant per month:				7 hours	
Total case management hours for all participants during current reporting period:				580 hours	
Number of cases per case manager:				6 cases	

Table C.4: Program Specific Measures	Quarter	FY
Number of clients screened for enrollment	70	289
Number of clients accepted for observation	11	51
Total number of clients enrolled	8	48
Number of clients pending enrollment	7	7
Number of clients not meeting Program criteria	35	143
Number of clients rejecting/dropping out prior to enrollment	38	83
Number of clients lost during follow-up process	2	3
Number of participants in ER/crisis stabilization while enrolled in program	5	8
Average length of hospital stay (days)	4	3
Number of participants who have a primary healthcare provider while enrolled	21	21
Number of participants with new arrest(s)	7	8
Misdemeanor:	2	2
Felony:	5	6
Number of participants in jail	8	9
Average number of days in jail	38	36

Successes: Since the last report, CODC program staff have attended and presented at several Public Defender meetings to educate them on the program, its requirements, and benefits. This educational approach, along with the broadening of the criteria to allow for Non-Prop 36 eligible homeless dually diagnosed adult defendants, has led to an increase of referrals and enrollments into the program.

Challenges: One of the major challenges to reaching and maintaining full enrollment capacity is the quality of the referral. Many referrals do not meet the program and/or legal requirements. In cases where clients are eligible, many defendants opt for programs or outcomes where there is less stringent monitoring or lengthy judicial oversight.

Action Plan: Currently, CODC staff waits for attorneys to refer clients for evaluation. Due to the caseload attorneys carry and the varying levels of mental health knowledge in identifying appropriate clients, CODC staff will be partnering with court located Sheriff's deputies to identify individuals who are housed in correctional facility mental health housing. By identifying individuals who have been already viewed as suffering from mental illness, CODC staff can then approach the attorneys proactively, discuss the possibility of a treatment program for their client and the potential benefits. By proactive identification, we believe that many of the defendants suffering from mental illness will be channeled into the CODC program increasing the likelihood of meeting the program requirements and benefiting from the CODC program.

Client Success Stories: Two clients provided handwritten stories.

10) DPSS General Relief (GR) Housing (Rental) Subsidy and Case Management Project

Goal: To assist the homeless GR population with a rent subsidy. In addition, coordinate access to supportive services and increase employment and benefits to reduce homelessness.

Budget: \$4.052 million (HPI On-going Funding)

Table C.5: DPSS GR Housing Subsidy and Case Management Project Measures
FY 2007-08

(duplicated count)	Quarters	Fiscal Year
Rental (housing) subsidies	727	1,535
Moving assistance	458	860
Case management	727	1,535
Number of applications received	Not available	Not available
Average number of business days to approve	20	20
Average amount of rental subsidy	\$309	\$300
Number of individuals re-entering program	Not available	Not available
Number of SSI approvals	Not available	Not available
Percent of SSI approvals	Not available	Not available
Number of individuals disengaged from program	Not available	Not available
Level 1 Case Management (assessment)		
Average case management hours for each participant per month:		2 hours
Total case management hours for all participants during current reporting period:		8,724 hours
Number of cases per case manager:		60 cases

Successes: The active number of housing subsidies has leveled off between 700 and 730.

Challenges: Homeless Case Managers (HCMs) have been unable to provide effective case management and maximizing the available slots.

Action Plan: Conduct case management training, create tools to monitor case management, and conduct regular district visits and audits of HCMs. Retrain HCMs for case management procedures, provide training on new reporting procedures, and conduct frequent project district visitation.

11 and 12) Homeless Release Projects (DPSS-DHS and DPSS-Sheriff)

Goal: Identify individuals scheduled for release who are eligible for DPSS administered benefits.

Budget: DPSS-DHS: \$588,000; DPSS-Sheriff: \$747,864 (On-going Funding)

Table C.6		Total FY 2007-08		DPSS-DHS		DPSS-Sheriff	
Homeless Release							
(unduplicated count)				Quarters	FY	Quarters	FY
Homeless Individuals	3,877			157	414	1,668	3,463
Homeless Families	1			1	1		
Housing (emergency)	158			19	*19	38	139
Average stay (days)	13				14		12
CalWORKs (approvals)	26			1	1	13	25
General Relief (w/FS)	1,690			38	179	621	1,511
General Relief only	249			24	59	116	190
Food Stamps only	35			1	1	12	34

*Third and fourth quarter number substituted for fiscal year (unavailable).

Table C.7		Total FY 2007-08		DPSS-DHS		DPSS-Sheriff	
Program Measures							
				Quarters	FY	Quarters	FY
Total referrals received	5,817			157	414	2,371	5,403
Total referrals accepted	3,712			97	249	1,668	3,463
	(64%)						
Of the total referrals accepted:	165			60	165	-	-
Total approved	1,760			-	-	762	1,760
Total denied	86			-	-	13	86
Total pending release:	1,619			-	-	875	1,619
Releases/discharges	145			38	145	-	-
Number of applications							
Food Stamps	35			1	1	12	34
General Relief	1,939			62	238	737	1,701
CalWORKs	26			1	1	13	25

DPSS-Sheriff

Successes

- Cashier Operations at Men's Central Jail has been effective in providing expedited services to inmates on their release date.

Challenges

- Number of homeless inmates who were previously released but did not access DPSS services (no-shows) has increased during this reporting period. No-shows occurred when inmates were released after DPSS work hours, ordered released at courts, or transferred to another facility.

Action Plan

- In collaboration with the Sheriff's Department, DPSS will focus on strategies to maximize the number of homeless inmates accessing DPSS administered aid programs.

DPSS-DHS

- Project successfully ensured that discharged patients were approved for DPSS administered benefits.

- The project challenge is to increase referrals for DPSS administered services.

- To provide services for individuals exiting specific County Hospitals, DPSS continues to develop outreach efforts to increase participation. Project expansion includes outreaching to individuals exiting private hospitals (effective August 2008). To date, White Memorial Hospital and Hollywood Presbyterian Hospital will be participating.

13) Homeless Recuperative Care Beds

Goal: Homeless individuals from area hospitals receive recuperative care and are discharged to transitional or permanent housing.

Budget: \$2.489 million (One-Time Funding)

Table C.8 : Homeless Recuperative Care Beds Participants and Services
FY 2007-08

(unduplicated count)		Quarter/Fiscal Year	Quarter/Fiscal Year
Homeless Individuals	42	Housing (emergency)	2
Female	8	Housing (transitional)	6
Male	34	General Relief only	2
		Medi-Cal/Medicare	9
Hispanic	10	SSI/SSDI	3
African American	23		
White	9	Case management	45
		Health care	45
16-24	1	Life skills	12
25-49	18	Mental health/counseling	1
50+	23	Recuperative care	45
		Substance abuse (outpatient)	2
		Transportation	45
Program Specific Measures		Quarter/Fiscal Year	
Number of patients referred for recuperative care beds		45	
Number of patients admitted to recuperative care services		42	
Number of patients who were discharged from recuperative care services		32	
Number of patients who were assigned to a primary health care provider during recuperative care stay		42	
Average length of stay for patients in recuperative care program (days)		30	
Number of ER visits 6 months after being discharged from recuperative care		-	
Number of inpatient admissions 6 months after receiving recuperative care		-	
Average length of acute care stay for clients discharged to recuperative care		-	
Emergency Housing/Case Management			
Average stay at emergency/transitional housing:		30 days	
Level 3 Assisted/Supported Referral and Counseling case management services			
Average case management hours for each participant per month:		600 hours	
Total case management hours for all participants during current reporting period:		1,800 hours	
Number of cases per case manager:		20 cases	

Successes: Although recuperative care is not a new service in the County, this is the first time DHS has funded this program and have had some input in the model of care. The Bell Shelter is a new site for this service and all 75 recuperative care beds are now operational. 25 of these beds are solely for the use of DHS.

Challenges: The program has limited resources for discharging to permanent housing. In addition, the clients are multiply complex and often use alcohol and drugs, which make optimal recuperation a challenge. Some clients leave without notice to the staff. It is difficult to follow-up with these clients due to their transient nature and lack of adequate resources for housing stability.

Action Plan: DHS and recuperative care staff have made some arrangements with Bell Shelter to accept our clients for transitional housing. In addition, DMH has agreed to come and evaluate any clients that staff feel have a mental disorder and could be eligible for a DMH program/housing.

Client Success Story: JWCH Institute received an email from one of their recuperative care clients. She was admitted with diagnosis of ovarian/uterus cancer and was beginning chemotherapy. She had case management and life skills during her stay, and then she was able to apply for the AHH program. She was in recuperative care for two months, and then she was transferred directly into permanent housing under the AHH program.

14) Housing Specialists- DMH

Goal: Assist homeless individuals, families, and transition age youth to obtain and maintain permanent housing. *Eighty-six percent of participants during FY 2007-08 were homeless individuals.*

Budget: \$923,000 (annually in MHSA funding)

Table C.9: Housing Specialists Program Specific Measures
FY 2007-08

(duplicated count)	Quarters	Fiscal Year
Number of referrals to program.	n/a	n/a
Number of property owners contacted.	317	898
Average time to place family.	n/a	n/a

Successes: Overall, the Housing Specialist program has been very successful. This program has provided additional resources at the service area level to address their specific housing need. Through this program, 544 people have been placed in emergency housing, 156 numbers of people have been successfully place in transitional housing and 93 people placed in permanent housing from January to June 2008.

Table C.10: Participants and Services
FY 2007-08

	Quarters	Fiscal Year
Homeless individuals	1,225	2,343
Homeless families	128	255
Transition age youth	128	142
Moving assistance	8	19
Eviction prevention	-	2
Housing (emergency)	195	544
Housing (transitional)	47	156
Housing (permanent)	21	93
Rental subsidy	43	122

Challenges: Due to high cost and limited affordable housing options in the County, finding housing continues to be a major challenge faced by the housing specialist. Even with Federal Rental Subsidies, some landlords are not willing to wait until the local Housing Authorities complete their administrative responsibilities.

Action Plan: Continue to provide outreach and education to landlords on renting to our target population. Work with our collaborative partners to expedite the process in an attempt to not discourage landlord participation.

Client Success Stories:

From Service Area 4, "I just placed a 59 year old woman into her own Section 8 apartment with a dog in east Los Angeles (very nice and private place). I had difficulty finding anyone to accept her dog; however I did meet a private landlord who liked the client. The woman was a very highly respected Special Education teacher, who had taught in both the US and in Greece. Upon her husband's death, she fell into a deep depression (that she still battles with daily) and she has been unable to return to work. After residing with her father until his illness required him to seek other housing, she became homeless. She then moved to her car with her dog, who is a constant support and companion to her". – Housing Specialist

My Client has been homeless for eight months living in his van. Client was living at his brother's house until his brothers' teenage children started mocking him. I had to walk this client through the process to find housing. The client suffered with severe ticks and tremors. I had to represent the client when talking with the landlord, and I never excused my client's behavior. If the landlord did not ask, I said nothing. My client is now living in a one-bedroom house. – Housing Specialist

15) Los Angeles County Homeless Court Program

Goal: Assist homeless individuals with clearing outstanding tickets, fines, and warrants upon successful completion of rehabilitation recovery programs for mental health, substance abuse and/or other issues.

Budget: \$379,000 (On-going Funding)

Table C.11 : Los Angeles County Homeless Court Program Participants
Fourth quarter, FY 2007-08

(duplicated count)	Quarter/Fiscal Year		Quarter/Fiscal Year
Homeless Individuals	154	Hispanic	36
		African American	78
Female	51	White	34
Male	102	Asian/Pacific Islander	-
Transgender	1	Native American	1
		Other	5
		15 and below	-
		16-24	16
		25-49	91
		50+	47
Program Specific Measures		Quarter/Fiscal Year	
Number of Los Angeles County Homeless Court motions received.		334	
Number of program participants whose qualifying motions are submitted to and filed by Superior Court, and resolved within 30 days of submission.		334	100%
Number of audited records in the Superior Court's automated case management systems (TCIS/ETRS) that are accurate.		15	100%
Number of motions that are granted by Superior Court.		323	97%
Number of motions that are denied by Superior Court.		-	
Number of individual cases filed under the Los Angeles County Homeless Court.		400	
Number of participants whose applications are submitted to the Los Angeles County Homeless Court within 30-days of initial contact with participant.		154	
Number of participants that have Los Angeles County citations or warrants dismissed upon program completion.		126	
Number of participants who complete at least 90 days of necessary case management, rehabilitative, employment or mental health services before their first appearance in Court.		154	
Number of case managers who receive training on Los Angeles County Homeless Court benefits, application and eligibility requirements, and legal resources.		N/A	

Successes: One key success the Los Angeles Homeless Court has accomplished is expediting the cases that were sent to the jurisdictions covered by the Los Angeles District Attorney's Office. Before, motions for such cases were sent to the Deputy District Attorney, and then to Judge Tynan, and then to the Public Defender's Office, who then sent it to the Public Defender's Offices at the individual branches, where deputy public defenders filed the motions with the clerks. The clerks, in turn, delayed in dismissing the cases. The Court processes have now been simplified and expedited. The Deputy District Attorney sends the motions to the Bauchet Courthouse, who in turn dismisses them on the traffic court system.

Challenges: The challenge is that Homeless Court needs a new database so that pertinent information can be collected and reported, and so that it will be easier to keep track of application processing stages.

Another challenge is that Homeless Court receives a lot of calls from applicants who are checking on the status of their applications, which prevents the staff from processing applications. Lastly, we need to get caseworkers and applicants to understand that the process is an administrative process, and thus it takes time to dismiss the citations.

The Superior Court received a number of motions from Public Counsel in late June for District Attorney prosecuted cases. They are not included in the above totals. Some had been signed by a judicial officer and no clerical process had taken place. In others, the motions were submitted directly to the branch courts and Superior Court staff had to follow up on their status. Finishing the judicial review and clerical processing of these motions is anticipated before the end of the next audit period. These motions are examples the program faced prior to HPI funding in that each of the partners were operating without resources. Superior Court is now implementing protocols for centralized clerical processing, and this will eliminate the issue of not processing motions in a timely and consistent manner.

Action Plan: We are planning to meet with the Public Counsel IT staff member to develop a new database so that we can collect statistical information for reporting purposes more easily, and to better keep track of the application at different stages. We are also considering deleting the Homeless Court phone number from the applications and giving them to the caseworkers separately. As for the last challenge, the development of a frequently asked questions list is being considered, and hopefully, the list would be placed on the website, so that people have a better understanding, regarding the Homeless Court process.

Client Success Story: Client X was a previous Homeless Court graduate who graduated from the Homeless Court Session in February 2008. He is considered a success story, because he had at least 30 individual cases that were all successfully dismissed through Homeless Court. He had so many citations that his file was about an inch thick. This was clearly a procedural success for Homeless Court. Further, recently we were also able to speak to his sister, who said that he is now staying at a VA Board and Care facility. According to his sister, her brother wanted his record cleared of citations, which is why he applied. He is unfortunately unable to work though because he suffers from disabilities, including having reduced cognitive abilities.

We have recognized that it can be suffocating for our applicants to have so many citations on their records, which at times can be extremely debilitating, both mentally and emotionally. We were glad to relieve the distress Mr. X must have experienced from having so many citations on his record.

16) Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program

Goal: Assist individuals to move into permanent housing.

Budget: \$1.1 million

Table C.12: Moving Assistance for Single Adults Program Measures
FY 2007-08

(unduplicated count)	Quarters	Fiscal Year
Moving Assistance	43	63
Number of applications received	133	178
Number of applications approved	43	63
Average number of business days to approve	20	20
Average amount of grant	\$575	\$575

Successes: Compared to the first two quarters of the fiscal year, the last two quarters of the fiscal year resulted in an increase in referrals. The increase in referrals was a result of the information drive and presentations provided by DPSS staff at various shelters.

Challenges: One of the barriers to increasing referrals to the program is the criteria requiring individuals to be exiting emergency/transitional shelters.

Action Plan: Propose to remove the conditions that requestors must have in order to be eligible: 1) exiting emergency/transitional shelters; and 2) having the necessary time-limits (within the last 2 years) for those previously aided on GR/FS. During this reporting period, DPSS is looking at several options.

17) Project 50

Goal: To move 50 of the most vulnerable, chronically homeless individuals off of Skid Row and into permanent housing.

Budget: \$3.6 million (Board Approved Funding)

Table C.13: Project 50 Participants and Services			
FY 2007-08			
(unduplicated count)	Quarter/Fiscal Year		Quarter/Fiscal Year
Chronic Homeless Individuals	40	100%	
Female	6	15%	Job training/referrals 2
Male	33	83%	Job placement 1
Transgender	1	2%	
Hispanic	6	15%	General Relief (GR,FS) 4
African American	31	78%	General Relief only 3
White	2	5%	Medi-Cal/Medicare 1
Asian/Pacific Islander	-	-	Section 8 4
Native American	-	-	Shelter Plus Care 1
Other	1	2%	SSI/SSDI 33
			Veterans 1
25 -49	15	37.5%	Case Management 33
50+	25	62.5%	Health care/medical 35
			Mental health/counseling 27
			Social/community activity 30
			Substance abuse (outpatient) 24
			Substance abuse (residential) 1
Housing (emergency)	*10		Transportation 30
Housing (permanent)	35		Detox 5
Rental Subsidy	33		Legal Services 15
Longer-term outcomes (6 months)			
Continuing to live in housing			35
Receiving rental subsidy			33
Obtained employment			1
Enrolled in educational program			1
Case management			34
Health care			32
Good or improved physical health			30
Mental health/counseling			27
Good or improved mental health			23
Substance abuse treatment (outpatient)			24
Substance abuse treatment (residential)			1
No drug use			5
Reunited with family			2
*estimated number			
Transitional Housing/Case Management			Quarter/Fiscal Year
Average stay in transitional housing:			4 days
Number into permanent housing:			35 participants
Level 3 case management services			
Average for each participant per month:			3 hours
Total hours for all participants:			99 hours
Number of cases per case manager:			16 cases

Program Specific Measures	Quarter/Fiscal Year
Number of participants who exited housing	-
Number of participants developing individualized treatment plans	30
Number of participants participating in a housing retention group	28
Number of Project 50 participants having arrests	4
Number of Project 50 participants having hospitalizations	5
Number of Project 50 participants having an emergency room (ER) visit	7
Number of Project 50 participants with increased income (i.e., due to SSI/SSDI, GR)	8

Successes: Every person invited to participate in Project 50 has accepted housing except one, and project staff is still working with that client. We have housed 35 individuals. Multi-departments and multi-agencies are working together for a common goal and together, breaking down barriers and learning to facilitate the process. The Federally Qualified Health Center (FQHC) model became a reality in a very short time and we are quickly working toward sustainability.

Challenges: In January, staff attempted to locate those identified in December 2007, without having photos. By the end of January, we did not have the Integrated Supportive Services Team (ISST) fully functional once we started housing individuals. We are learning when to intervene and when to encourage the participant to help him/herself. We moved our location 5 months into the project. Completing the large amount of documentation required for reimbursement and sustainability of the project and future projects.

Action Plan: Either obtain photos from LASD or inform prospective participants that if we are not allowed to photograph, their names will have to go to the end of the list. Supportive services must be in place, at least a skeleton crew, from the beginning. In-services must be conducted on relating to our clients in a healthy manner, and setting clear boundaries from the beginning with all staff. If staff cannot be in the location where participants are, the start of the project should be delayed. Additionally, staff combine various documentation so there is no duplication.

Client Success Story: Edward was usually found intoxicated, unable to control body functions, and usually found in the halls. Living at the hotel, he was at risk. Through a relationship with the team, especially with the Chemical Dependency counselor, he entered detox, went missing once and returned several days later to complete the treatment, and returned home sober. Edward started new medication (Camprel) and lost his desire to get intoxicated. While he did experience 2-3 short relapses, now he is an inspiration to others, showing off his new prescription glasses and saying that he can now see well for the first time in years.

18) Santa Monica Homeless Community Court

Goal: Assist homeless individuals with clearing outstanding citations, warrants, and misdemeanor offenses upon successful completion of mental health, substance abuse and case management.

Budget: \$540,000

Table C.14: Santa Monica Homeless Community Court Participants and Services
FY 2007-08

(unduplicated count)	Quarter	Fiscal Year	Quarter	Fiscal Year
Chronic Homeless Individuals	68	85	25-49	- 42
			50+	- 27
Female	17	23		
Male	51	62	Housing (emergency)	20 32
			Housing (permanent)	5 8
Hispanic	6	7	Rental subsidy	3 6
African American	14	21		
White	49	59	Alternative Court	42 85
Asian/Pacific Islander	1	1	Case management (lvl. 3)	64 81
Native American	-	-	Mental health	21 34
Other	4	4	Substance abuse (outpatient)	3 5
			Substance abuse (residential)	9 17
Program Specific Measures			Quarter	Fiscal Year
Total number of clients who have enrolled in Program			42	85
Number of participants who appear before the Court Pilot Project that engage in case management for at least three months after their first appearance at Court			30	48
Number who participate that have citations or warrants dismissed upon completion			20	39
Number who receive an emergency shelter bed and remain for two weeks or longer			15	19
Number who enter residential treatment complete a substance abuse program of 90 days or longer			8	9
Number of arrests for all Court participants that have been placed in an emergency, therapeutic, transitional or permanent bed (or some combination of bed-types) for 90-days or longer as compared to the 90 days prior to entering residential program			n/a	n/a
Number of permanently housed who continue to be housed after four months, or will still be housed at the end of the program periods (which may be less than four months after housing placement)			2	4
Average length of stay in emergency housing: 14-160 days				

Successes: The most successful ongoing collaboration which the Homeless Community Court program is engaged in is the relationship with Edelman Mental Health Center. Every Thursday morning, the Edelman psychiatrist and Social Worker provide in-office services at the St. Joseph Center Homeless Services Center and occasional outreach to Homeless Community Court clients. The primary benefit of this Edelman collaboration is giving clients easy access to psychiatric care, with medications administered at two area pharmacies. Given the limited mobility, organization and/or motivation of many Court clients, this is often a superior service option to conventional mental health clinics. Integrating these psychiatric services into the pre-existing relationship which clients have with their program Case Manager and Mental Health Specialist also provides context which can help overcome service barriers stemming directly from mental health symptoms. A secondary but lasting benefit of the Edelman collaboration is streamlining the eventual transfer of client services from in-office services at the Homeless Services Center to long-term mental health care at Edelman or other DMH facilities. Building on the success of our Chronic Homeless Program (CHP) we have managed to link many of our CHP participants to the court which has resulted in the removal of barriers and has allowed for the successful transition by clients to the

next phase of their lives. Continued collaboration between our service providers, police and fire has allowed us to continue engaging clients in the field and seizing opportunities to refer them to the program when we think they will be receptive to services. Again, given the voluntary nature of the program, this is often a fine line since clients may change their mind.

Our talented Public Defender is greatly appreciated not only by the Resource Coordinator but also by our service providers. She creatively strikes a balance between advocating for her clients and using her motivational interviewing techniques to help clients see the benefits of connecting to services. Her ability to strike this balance has been an asset to the program. For some of our most fragile participants, she has gone into the field and met with them in a neutral environment to ease their concerns.

Challenges: The voluntary nature of the program allows many of our most chronic, high utilizers of police, fire and social services the opportunity to opt out of the program. These are the very people we had wished to engage in services using the authority of the court. Experience has shown us that many of our most chronic homeless do not want to access services and the voluntary nature of the program does not allow us to use the authority of the Court to connect individuals to much needed resources including mental health, psychiatric, medical, substance abuse and monetary assistance programs – all of which can be barriers to stabilizing clients, housing them and helping them maintain their housing. The court will only accept participants cited with quality of life crimes – misdemeanors and infractions. The court will not accept felons or sex offenders. The very nature of the crimes, misdemeanors and infractions, prevent the court from following participant for extended periods of time and result in citations being dismissed with limited client progress.

Greater oversight by the court could have a very positive influence on participants and result in better outcomes. Currently, participants average 2-3 court visits before their citations and warrants are dismissed. This impacts both our substance abuse treatment and housing placements. Indeed, because of Case Management initiated by the Court, some individuals may achieve outcomes months after their exit from the program.

Action Plan: The clients on this contract are chronically homeless with severe and persistent mental illness and/or co-occurring disorders. This is a barrier and often impacts their ability to access emergency shelter. Therefore whenever possible, the goal is to take a housing first approach and move clients directly from the streets and into permanent housing. The amount of time it takes to complete the housing process from time of application to leasing up is often more than six months due to the lack of one-bedroom units willing to accept Section 8. Our services providers continue their efforts to connect Court participants to permanent housing whenever possible. The Human Services Division, Santa Monica Housing Authority and service providers meet regularly to discuss strategies for engaging local area landlords in an effort to increase housing options for participants. Also, as stated under Program Challenges, currently, participants average 2-3 court visits before their citations and warrants are dismissed. This impacts our housing placement outcomes because the Court does not follow clients for significant periods of time therefore they may achieve outcomes months after their exit from the program.

Client Success Story: Mark is one of the most likable clients among the case managers and other staff at St. Joseph Center, always ready with a wry smile, a hearty laugh, and the perfect joke. But in 2007, after months of regular case management, his case seemed stuck in chronic homelessness and he disappeared from services only to resurface on the streets of Santa Monica during the homeless registry that took place in January of this year.

During the ensuing period of homelessness in the City of Santa Monica, Mark accumulated 23 citations and five misdemeanors from the police for camping and open container offenses, growing increasingly hopeless that his situation could change. After the service registry, once he became re-linked with St. Joseph Center, he was referred to the Homeless Community Court program, which was able to help Mark not only get his criminal offenses dismissed, but also make substantial steps towards a better life. After being transported to detox in March of 2008, while still drunk from his birthday the night before, Mark has been a model participant in rehabilitation with four months clean time. He has received mental health support and psychiatric treatment to help with some of the underlying issues which made it difficult for him

to stop drinking in the past. Lastly, he is currently waiting for his Santa Monica Serial Inebriate Program Section 8 voucher, which will allow him to stay in an apartment at minimal cost, a program tailored for recovering alcoholics. CLARE's inpatient rehab program and Santa Monica's Homeless Court have all been instrumental in assisting St. Joseph Center in collaborating with Mark.

IV. PROGRAMS FOR MULTIPLE POPULATIONS

19) Los Angeles County Housing Resource Center, (formerly known as the Housing Database)

Goal: Provide information on housing listings to public users, housing locators, and caseworkers.

Budget: \$382,000 (\$202,000 allocation from HPI funding and \$180,000 from CDC).

Table D: LACHRC Program Measures	Quarters	June 2007- June 2008
Number of landlords registered on the site	1,372	2,854
Number of new units listed and available for rental	2,156	4,356
Total number of housing searches conducted	670,851	1,436,178
Average number of calls made/received to the Socialserve.com toll-free call center per month	6,158	4,578
Number of collaborative efforts forged between 211 LA County, County Departments, Red Cross, Federal Emergency Management Agency, HUD	13	33

Successes:

- The Los Angeles County Housing Resource Center continues to have strong growth in all usage categories. The project completed its first year of operation on June 1, 2008.
- During that year, over 1.4 million housing searches were completed on the website and returned listings.
- Landlord interest and support is also strong, and in the first year, 3277 landlords registered properties.
- Approximately 95% of those landlords accept Section 8 vouchers, which has been very helpful to the lease up rate of the Housing Authority of the County of Los Angeles (HACoLA).
- Support from County departments has been strong, and CDC staff has an ongoing relationship with DPSS and DMH to regularly provide training to housing locators. Also in the past quarter, individual passwords have been issued to County departments so that housing locators can do searches for special needs housing through the restricted-access portion of the website.
- The project also successfully leveraged approximately \$240,000 of additional funding from the Kaiser Foundation Hospitals to develop an on-line registration system for the recuperative care beds in Skid Row and Bell Shelter.

Challenges:

- The biggest challenge for the Housing Resource Center is to bring in new landlords from a broader spectrum of property owners in the County, in order to increase the number, variety, and location of rental units listed on the website. This requires staff time and marketing resources.
- Project management and contract administration has been shared between the CEO and CDC, and at times has not been as efficient as possible. This will be addressed in the Action Plan below.

Action Plan:

- CDC staff is currently planning a large mailing of postcards to LA County landlords in order to address the challenge listed above. Staff will also plan additional marketing outreaches to apartment owner associations.
- The County Board approved funding for improvements and expansions to website functionality through the CEO-IT Fund. These project improvements will be implemented through a new sole source contract, between the CDC and Socialserve.com, which is meant to give more project

administrative responsibility to the CDC for improved efficiencies. This contract will be presented to the County Board for approval in August 2008.

- Additional collaborative efforts are being made with the Center for Government Studies and 211-LA County to help improve efficiencies in data collection. CDC and CEO staff plan to meet with LAHSA in order to forge more and better collaboration on shelter data.
- The Housing Management Division of the CDC reported estimated savings of \$18,000 due to the accelerated lease-up of a vacant Section 8 unit. Vacancies that sometimes lasted up to 3 months were filled in days when listed on the Housing Resource Center. This resulted in savings on advertising and additional rental income.

20) Pre-Development Revolving Loan Fund (RLF)

Goal: Affordable housing developers will receive loans directly from the Los Angeles Housing Innovation Fund, LLC (LAHIIF) to build much needed affordable housing in Los Angeles County.

Budget: \$20 million

- Entered into Loan Agreement on June 20, 2008.
- \$10,030,000 wired from CDC to LACHIF on Friday, June 26, 2008.
- Selected lenders will be tasked with marketing program.
- CDC staff has provided presentation to CDBG participating cities on LACHIF.
- Selected lenders currently report to have seven potential projects to be funded with the LACHIF.